

Vonda M. Wallace
Paralegal Specialist

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

09/830104

CLAIMS

AS FILED	AFTER		AFTER		AFTER	
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	6	↔	↔	↔		
TOTAL CLAIMS	7	████████	████████	████████	████████	████████

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔	
TOTAL DEP.		↔	↔
TOTAL CLAIMS	████████	████████	████████